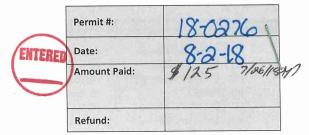
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart.

₹O Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





Checks are made paya	ble to: Ba	yfield Cou	inty Zoning D	epartment.	Bayfiel TO APPLI		pt.		FILL OUT	IN INK (<mark>NO F</mark>	ENCIL)	
TYPE OF PERMIT R	EQUESTE	D-►	□ LAND	USE 🗆 SAI	NITARY	□ PRIVY □	CONDITIONA	L USE	SPECIAL U	JSE 🗆 B.C	100000000000000000000000000000000000000	THER
Owner's Name:	200	01	_		Mailin	g Address:	City/	State/Zip:			Telephone	à:
Jerre	Py	OI	Jou								Cell Phone	e:
Address of Property:		11-1	11- 7		City/St	tate/Zip:	111		5487	3		343-9131
5558	7	VGI	ley L	N_{\perp}	Contra	Savues ector Phone: P	lumber:		7107		Plumber F	
Contractor:	an ;	An	chau	n beau		-391-5733						
Authorized Agent: (P	erson Signi	ing Applica	tion on behalf	of Owner(s))	Agent	Phone: A	gent Mailing Ad	dress (inclu	de City/State/	Zip):	Written A Attached Ves	
PROJECT LOCATION	Legal [Descripti	on: (Use Ta	x Statement)	Tax ID	# 3635	5			Recorded Do		wing Ownership)
1/4,	1,	/4	Gov't Lot	Lot(s)	CSM	Vol & Page CSM	I Doc# Lot(s) No.	Block(s) No.	Subdivision:	IRC	TOPPO
Section 18	, Town	nship	15_ N, Ra		w	Town of: Ba	rnes			Lot Size	Acrea	W/X (CP)
	☐ Is P	roperty/	Land within	300 feet of Riv	er, Stre	am (incl. Intermittent)	Distance Stru	ucture is fr		e: Is Pi	operty in	Are Wetlands
☐ Shoreland →	4			f Floodplain?		escontinue>				-	plain Zone? □ Yes	Present? Ves
- Silorciana	☐ Is P	roperty/	Land within	1000 feet of La		d or Flowage	Distance Stru	acture is fr		eet	□ No	□ No
Non-Shoreland												
Value at Time	7 - 4	11 ,35	and the				# of					Type of
of Completion				# of Stori	ios	Foundation	bedrooms			at Type of anitary Syst	em	Water
* include donated time &		Projec	t	# or Stori	ies	Foundation	in structure			he property		on property
material	Nev	v Const	ruction	1-Story	1000	☐ Basement	□ 1	☐ Mu	nicipal/City			☐ City
11 560	/		Iteration	☐ 1-Story +	Loft	☐ Foundation	□ 2	_		Specify Type	:	Xwell
\$ 16 500		version		2-Story		XSIAB	□ 3) Specify Typ		
	☐ Relo	ocate (ex	kisting bldg)				<u> </u>			☐ Vaulted (min 200 gallo	<u>on)</u>
~	7.54=0 SINDE-42539		ness on			Vear Round	None	-	npost Toilet	vice contract)		
	Pro	perty				Teal Rouliu		□ Nor	•			
						2	21	Width:	28		Height:	8/
Existing Structur Proposed Consti			ng applied fo	or is relevant to	it)	Length: 5		Width:			Height:	
												Square
Proposed U	se	1				Proposed Structu	ıre			Dimen		Footage
		X				cture on property)	GALL	GE.		(28' x	321	896'
# **		Ú	Residenc	e (i.e. cabin, h	nunting	shack, etc.)	(PERT	Dace		(X)	
Residential	Use			with Loft with a Por	ch		Pa	JIL		(X)	
/ Residential	030			with (2 nd)						(X)	
				with a Dec	ck					(X) ,	+
±				with (2 nd)	Deck		V			(X		4,
Commercia				with Attac						(X		
Rec'd for	Issuar	1Ce				☐ sleeping quarters				(X		
AUG 0	1 201		-			ate)				(X	- :	
☐ Municipal										(X		
Secreta		off 🖂				Alteration (specif				(X		
			Accessor	ry Building Ad	altiony	Aiteration (specin	y)				,	
			Special U	Jse: (explain)						(X)	
										(X)	
										(X)	
and the second s	ne detail and nty relying o	d accuracy o on this infor	any accompanyi of all information mation (we) a	ng information) has n I (we) am (are) pro m (are) providing in	been exam	RTING CONSTRUCTION ined by me (us) and to the that it will be relied upon be application. I (we) consen	best of my (our) knows	wledge and but determining w	elief it is true, corr whether to issue a	permit. I (we) fur nty ordinances to	have access to th	ne above described
		101	1/1 .		\					Date	7-21	0-18
Owner(s): (If there are Mu	ltiple Øw	nery listed	d on the Deed	All Owners mu	st sign <u>or</u>	letter(s) of authoriza	tion must accom	npany this a	pplication)			
Authorized Ager		/								Date		
Audionzeu Agei	(If y	ou are si	gning on beh	alf of the owner	(s) a lette	er of authorization mu	ust accompany t	his applicat	on)		Attach	
Address to send	nermit									Сор	y of Tax Sta	atement
MUDITESS TO SENO	heimit -							If vo	ou recently pure			Recorded Deed

CAPPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

	ent		Description	Measuremer		
20.1						
65 70	Feet		Setback from the Lake (ordinary high-water mark)	NA	Feet	
600	Feet		Setback from the River, Stream, Creek	411	Feet	
			Setback from the Bank or Bluff	WA	Feet	
110	Feet			/5/		
701	Feet		Setback from Wetland	NA	Feet	
/	Feet		20% Slope Area on the property	☐ Yes	No	
	Feet		Elevation of Floodplain	NA	Feet	
/			·	7		
170'	Feet		Setback to Well	105	Feet	
	Feet			(e)		
	Feet					
	110° 20° 110° 60°	Feet /// Feet /// Feet /// Feet /// Feet /// Feet /// Feet Feet Feet Feet	Feet	Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet Setback from Wetland Feet 20% Slope Area on the property Elevation of Floodplain Feet Setback to Well Feet Feet Feet	Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet Setback from Wetland I/O Feet 20% Slope Area on the property Feet Elevation of Floodplain Feet Setback to Well Feet Feet Feet Setback to Well	

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County	y Use Only)	Sanitary Number:	7-175	# of bedrooms:	Sanitary Date:	5-4-17
Permit Denied (Date):		Reason for Denial:				
Permit#: 18-0276		Permit Date: 8-2-	18			
Is Parcel in Common Ownership	☐ Yes (Deed of Record ☐ Yes (Fused/Contigue ☐ Yes) No ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No
Granted by Variance (B.O.A.) □ Yes No Case	e #:		Previously Granted by ☐ Yes ☐ No	/ Variance (B.O.A.)	· #:	
Was Parcel Legally Crea Was Proposed Building Site Delinea			Were Property Line	es Represented by Owner Was Property Surveyed	Yes	
Inspection Record: 9TAHEO					Zoning District Lakes Classificatio	(R-/)
Date of Inspection: 7/3	1/18	Inspected by:	eler		Date of Re-Inspec	ction:
Condition(s): Town, Committee or Bo	pard Conditions Attac	hed? 🗆 Yes 🗆 No – (if i	No they need to be atta	ched.)		
	for with pre:	dition: No habitation / human habitation / hout necessary county surized water shall en roved connection to I	sleeping purposes and UDC permits. No ter the building unless			
Signature of Inspector:	and	maintain setbacks.			Date of Appro	val:
Hold For Sanitary:	Hold For TBA: 🗌	Hold For Affic	lavit:	Hold For Fees:		

moys (2)

moys (5)

moys (6)

moys (7)

moys (7)

moys (7)

moys (7) O A OS CHOX CAOS Drain Field Jeffrey Olson 55385 Valley Dr Barnes, WI 65 8) tol

3

 \bigvee

Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0276 Issued To: **Jeffrey Olson** No. Location: 45 Section 18 Township Range 9 $\frac{1}{4}$ of -W. Town of **Barnes** 18 Gov't Lot Subdivision Iroquois Add to Potawatomi CSM# Lot Block

For: Residential Principal Structure: [1-Story; Garage (28' x 32') = 896 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 2, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138

Permit #: **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN** Date: ENTERED Amount Paid:

NSTRUCTIONS: No per hecks are made payable O NOT START CONSTR	la to: Pay	field Cou	ntu Zanina Da		O APPLICA SI	field Co. 7)	Re	runa:				
TYPE OF PERMIT R	the second second second	111-120-200-200-2			NITARY			DITIONAL	USE V SPE	CIAL USE	□ B.O./	A. 🗆 O	THE	R
Owner's Name:						ddress: OAU		City/St	tate/Zip:			Telephon		`
PETER+KELL	Y The	mes	9		3843	N. OF	A	ME. CHI	(AGO I	- 6061	8	773 6	500	9893
Address of Property					City/State	e/Zip:						Cell Phon	e:	
49055 R	IVER	RE	AD		GOR	NOQ	JI	54	838					
Contractor:					Contracto		Plumbe		1			Plumber I	hone	1:
Authorized Agent: (F	Jorson Cia	ning Annli		f - f O / - \\	Accept Dis				/:	'o /a. \				
Authorized Agent. (rerson sig	ning Appil	cation on benai	r or Owner(s))	Agent Pho	one:	Agent	viailing Addr	ess (include City/	State/Zip):		Written A Attached	utho	rization
					Tax ID# (4-	E digita)		7		I De seude d	D1/:- #-		□ No	
PROJECT LOCATION	Legal	Descrip	tion: (Use Ta	ax Statement)	1ax 1D# (4-	ラバス				Recorded	Deed (i.e. # a #: 2017	essigned by		7658
			Gov't	Lot Lot(s) CSM	Vol & Pag	70	Lot(s) No.	Block(s) No.	Subdivisi				
SE 1/4, 1	SE	1/4		1	896		/	201(3) 110.	Biock(3) No.	Subulvisi	on.			
		<u>-1</u>	444	60		Town of:				Lot Size		Acreag	e	
Section	0,1	Township	44	I, Range <u>69</u>	_ w		BAR	NES				2.		5
			/1 1 111	2021 . (2)										
/	Cree			n 300 feet of Riv f Floodplain?		(incl. Intermittent		tance Struct	ure is from Sho	reline : feet	Is Prop			Wetlands
✓ Shoreland →				1000 feet of La				ance Struct	ure is from Sho		Floodplai □ \			resent?
			,			continue				feet	V 1			No
☐ Non-Shoreland														
16.1 . T	2 111 - 1													
Value at Time of Completion								#		What Ty	ne of			
* include		Proje	ct	# of Storie		Use		of	Sew		ry System	1		Water
donated time &				and/or baser	Hent		bed	drooms	Is	on the pr	operty?			
material	□ Nev	w Const	ruction	☑ 1-Story		Seasonal		1	☐ Municipal/	City				☐ City
<u> </u>	□ Ade	dition/	Alteration	☐ 1-Story +	Loft 🗹	Year Round	_		☐ (New) Sani		ify Type:			Well
\$	☐ Cor	nversion	ı	☐ 2-Story				3	Sanitary (Ex	xists) Spe	cify Type: _			
~	☐ Rel	ocate (e	xisting bldg)	☐ Basement	t	1			☐ Privy (Pit)	or 🗌 Va	ulted (min	200 gallo	n)	
			ness on	□ No Basem				None	☐ Portable (w		ntract)			
	-	perty	RM Basa	☐ Foundatio	on		-		☐ Compost To ☐ None	oilet			\dashv	
	(p) (p)								None	=				
Existing Structure			ng applied fo	r is relevant to it) Le	ngth:	**		Width:		He	ight:		
Proposed Constr	uction:				Le	ngth:			Width:		He	ight:		
Proposed Us	•	1		N. S. C.	Dua			N 19.4	17 F 1 T				Sc	uare
Proposed Os	E	RIE			B-X-1	posed Struc					Dimension	ns		otage
*				Structure (firs			у)			(Х)		
/			Residence	(i.e. cabin, hu	inting shad	ck, etc.)				- (X)		
Residential	Use			with a Porch	1					1	X			
				with (2 nd) Po						1	X)		
				with a Deck						(Х)		
				with (2 nd) D	eck					(Х)		
Commercial	Use			with Attach	ed Garage					(Х)		
									ood prep facilitie	es) (X)		
			Mobile Ho	ome (manufacti	ured date)					_ (Х)		
☐ Municipal U	lse		Addition/	Alteration (sp	pecify)					_ (Х)		
				Building (sp						. (Х)		
Rec'd for	Issuar	ce	Accessory	Building Addi	tion/Alte	ration (speci	ify)			. (Х)		
AUG 0 2	201	0 5	Spacial II	101/0	LICOT	1200 44	Dat	Thi		,				
AUG U	201		+	e: (explain)				THL		(X)		
Secretari	al Sta	ff . \Box		al Use: (explain						1	X)		
Coordian	ui Ola	х П	other: (ex	plain)							^)		
I (we) declare that this	application	n (including	any accompanyi	ng information) has b	een examined	by me (us) and to	the best of	my (our) knowle	WILL RESULT IN PE edge and belief it is tr	ue, correct and	d complete. I (we) acknowle	dge th	at I (we)
am (are) responsible for may be a result of Bay	or the deta /field Coun	il and accu i ty relying (racy of all inform on this informati	ation I (we) am (are) on I (we) am (are) pr	providing and t	hat it will be relie	d upon by I	Bayfield County	in determining wheth	ner to issue a r	permit. I (we) f	further accept	liabilit	v which
above described prope	rty at any	easgnable	time for the pur	pose of inspection.										
Owner(s):	/ - /	INDIA	m	11	1/11 -	1 /2 mag/	nen			Tr.	JUST	VE IX	7	012

Copy of Tax Statement If you recently purchased the property send your **Recorded Deed**

Attach

Date _

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Address to send permit

below: Draw or Sketch your Property (regardless of what you are applying for) Show Location of: **Proposed Construction** (2)Show / Indicate:

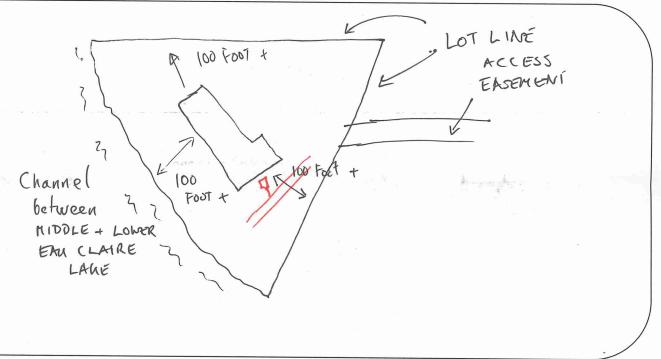
North (N) on Plot Plan (3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) (4)Show: All Existing Structures on your Property

(5)Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6)Show any (*):

(7)Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measur	ement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek		Feet
		Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	Feet			
Setback from the South Lot Line	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	Yes	□ No
Setback from the East Lot Line	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well		Feet
Setback to Drain Field	Feet			1000
Setback to Privy (Portable, Composting)	Feet			

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use Only)	Sanitary Number:	anitary Number: 17-215 # of bedrooms: 3 Sanitary Date: 5/11/1:									
Permit Denied (Date):	Reason for Denial:	on for Denial:									
Permit #: 18-6278	Permit Date: 8-2	-18									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes Deed of Recolution Yes Fused/Contiguents Yes Yes	rd) TNo uous Lot(s))	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached	□ Yes	₽No ₽No					
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:		Previously Granted by	y Variance (B.O.A.)	e #:		,					
Was Parcel Legally Created Was Proposed Building Site Delineated □ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes		□ No					
Inspection Record: RenTeRs ans wered 7	the DOOR			Zoning District Lakes Classificatio	(on ()					
Date of Inspection: 7/3/18	Inspected by:	rla		Date of Re-Inspec	ction:						
Condition(s): Town, Committee or Board Conditions Atta Maximum Occupa Must contact Bay regulated	ached? Ves No-(If way lim, te b) fiell County Hea State Statute	No they need to be atta to & Inase IN Department	ton Seffic Stand	vstem des. licersure	gn to	duell					
1 11 1/				Date of Appro	nval: 12	2 /					
Signature of Inspector:				Date of Appro	Nai. 8	2-18					

City, Village, State or Federal May Also Be Required After-the-Fact LAND USE - X SANITARY - 17-21S SIGN -SPECIAL - Class A

CONDITIONAL -

BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Peter & Kelly Thompson 18-0278 No. Barnes Town of Range 9 W. 44 Township Section $\frac{1}{4}$ of Location: CSM# 896 Subdivision Block Lot Gov't Lot

For: Residential Other: [1 – Unit; 1 - Story; Short-term Rental]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): Maximum occupancy limited to 8 based on septic system design for dwelling. Must contact Bayfield County Healt Department and secure license as required by State Statute.

This permit expires one year from date of issuance if the authorized construction NOTE: work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

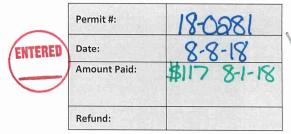
August 2, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





INSTRUCTIONS: No permits will be issued until all fees are paid.

Bayfield Co. Zoning Dept.

				Department. HAVE BEEN ISSUED	TO APPL	ICANT.		FILL OU	T IN INK (<mark>NO P</mark>	ENCIL)	
TYPE OF PERMIT F	REQUESTE	ED→	☐ LANI	D USE SAN			CONDITION		USE B.O.	.A. 🗆 O	THER
Owner's Name:	H	DAL	1/20	į.	Mallin	ng Address:	City	y/State/Zip:	raga	Telephon 1/5, 37	
Address of Property:	. 170	7/15	N PS		City/S	itate/Zip:	19	ONOU, WE	91000	Cell Phone	
47085 C	RANB	KRR	LAL	es reli	City/s	PARNET	" UM	54873		7/5/2	
Contractor:	C AS I	v -	01434	inse	Contra	actor Phone:	Plumber:			Plumber	
					1/5	458.2139	IVA				
Authorized Agent: (Person Signi	ing Appli	cation on behal	f of Owner(s))	Agent	Phone:	Agent Mailing A	ddress (include City/State	e/Zip):	Written A Attached '' Yes	
PROJECT	Logal	Docavia	tion. /Has T	ax Statement)	Tax ID	<u>)#</u>		* .		ument: (Sho	wing Ownership)
LOCATION			No.			239	7		2009	11 2	270/5
E10 Robs SE1/4, S	W 1/	/4	Gov't Lot	Lot(s)	CSM	Vol & Page CS	IM Doc# Lot	(s) No. Block(s) No.	Subdivision:		
		14	2121	9		Town of:	7 44		Lot Size	Acreag	re a A l
Section 30	, Town	iship _	/// N, R	ange W	V	13	PARNE		÷		10
						am (incl. Intermittent)		ucture is from Shorelin	IS Pro	perty in	Are Wetlands
Shoreland -	4			of Floodplain?		escontinue>				ain Zone? Yes	Present?
	□ IS Pr	operty	/ Land Withii	n 1000 feet of Lak		or Flowage escontinue —		ructure is from Shorelin	· .	No	☐ Yes ☑ No
☐ Non-Shoreland											
Value at Time	Aphren				-						
of Completion							# of bedrooms	WI	nat Type of		Type of
* include donated time &		Proje	ct	# of Storie	es	Foundation	in		Sanitary System	m	Water
material					, ii 1		structure	Is on	the property?		property
1.00	New			X 1-Story		☐ Basement	□ 1	☐ Municipal/City			☐ City
\$ 36000	☐ Addi	_	Alteration	☐ 1-Story + L☐ 2-Story	Loft	Foundation FOUNDATION	□ 2	☐ (New) Sanitary			□ Well
1/000			xisting bldg)			4 2-17-18		Sanitary (Exists Privy (Pit) or		n 200 gallo	n) N/M
			ness on			Use	₩ None	☐ Portable (w/ser			
	Prop	erty				Year Round		☐ Compost Toilet	:		
								None			
Proposed Constru		mit beir	ng applied fo	r is relevant to it))	Length:		Width:	He	eight:	
	uction				- 3-1		**	Width: 29			
	uction:			Eliza Mari		Length: 43	7	Width: 92		eight:	
Proposed Us	8-41	Y					ure	Width: 92		eight:	Square
Proposed Us	8-41		Principal			Length: 45		Width: 92	He	eight:	Square Footage
Proposed Us	8-41	✓		Structure (first e (i.e. cabin, hui	t struct	Length: 49 Proposed Struct ture on property		Width: 92	Dimensio	eight:	
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Residential Commercial Municipal U	Use Use Jse	cocuracy of this inform	Bunkhous Mobile H Addition Accessors Accessors Condition Other: (ex	Structure (first e (i.e. cabin, hur with Loft with a Porch with (2 nd) Po with a Deck with (2 nd) De with Attache se w/ (sanitary ome (manufactu /Alteration (sp y Building Addit se: (explain) al Use: (explain) cplain) OBTAIN A PERMIT of g information) has beer (we) am (are) providin	t struct nting s n orch eck ed Gar y, or ured dat pecify) tion/A	Proposed Struct ture on property shack, etc.) age sleeping quarter te) Literation (specification) struction (specification)	S, or Cooking SULLY WITHOUT A PERM best of my County in or	& food prep facilities)	Dimensio (X (X (X (X (X (X (X (X (X (eight: Ins))))))))))))))))))	Footage // 534
Residential Commercial Municipal U I (we) declare that this a (are) responsible for the result of Bayfield Count property at any reasonal	Use Use Jse	cocuracy of this inform	Bunkhous Mobile H Addition Accessors Accessors Condition Other: (ex	Structure (first e (i.e. cabin, hur with Loft with a Porch with (2 nd) Po with a Deck with (2 nd) De with Attache se w/ (sanitary ome (manufactu /Alteration (sp y Building Addit se: (explain) al Use: (explain) cplain) OBTAIN A PERMIT of g information) has beer (we) am (are) providin	t struct nting s n orch eck ed Gar y, or ured dat pecify) tion/A	Proposed Struct ture on property shack, etc.) age sleeping quarter te) Literation (specification) struction (specification)	S, or Cooking SULLY WITHOUT A PERM best of my County in or	& food prep facilities) WILL RESULT IN PENALT voledge and belief it is true, course testermining whether to issue a retermining whether the retermining whether	Dimensio (X (X (X (X (X (X (X (X (X (eight: Ins)))))))))))))) (e) acknowledg accept liability access to the a	Footage // 534
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Fill Out in Ink – NO PĖNCIL

Show Location of:

Proposed Construction Show / Indicate:

(2)Show Location of (*): (3)

North (N) on Plot Plan

(5) Show: (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4)Show: All Existing Structures on your Property

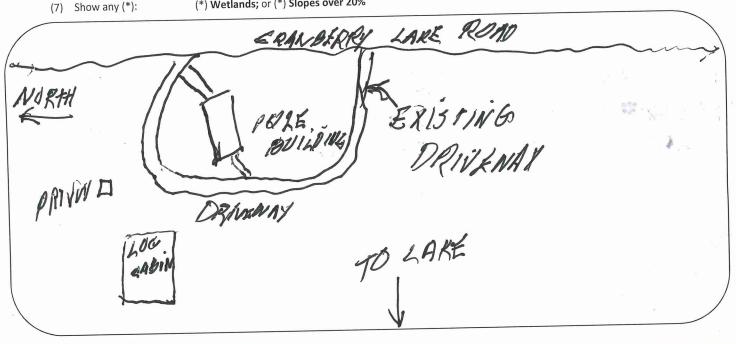
Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Measurement

(*) Wetlands; or (*) Slopes over 20% Show any (*):



Please complete (1) – (7) above (prior to continuing)

Description

Changes in plans must be approved by the Planning & Zoning Dept.

Description

Measurement

(8) Setbacks: (measured to the closest point)

	Cir		in the second se	150	Feet
Setback from the Centerline of Platted Road	817	Feet	Setback from the Lake (ordinary high-water mark)	170	Feet
Setback from the Established Right-of-Way	462	Feet	Setback from the River, Stream, Creek	100	
Setback from the Established Right-of-way	1		Setback from the Bank or Bluff	130	Feet
Setback from the North Lot Line	400	Feet		100	Feet
Setback from the South Lot Line	400	Feet	Setback from Wetland	100	
	100	Feet	20% Slope Area on the property	Yes	□No
Setback from the West Lot Line					Feet
Setback from the East Lot Line	500	Feet	Elevation of Floodplain	1	
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	N/14	Feet
Setback to Drain Field	_	Feet			
	60	Feet	the formulation set back must be measured must be visible from	one previously survey	ed corner to the
Prior to the placement or construction of a structure within ten (10) for other previously surveyed corner or marked by a licensed surveyor at the structure of the previously surveyor at the structure of the structure	et of the minimum require the owner's expense.	ed setback, th	ne boundary line from which the setback must be measured must be visible from		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

. Life was ation (County Use Only)	Sanitary Number:	#	f of bedrooms:	Sanitary Date:
Issuance Information (County Use Only) Permit Denied (Date):	Reason for Denial:			
Permit #: 19 0001	Permit Date: <	18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reco Yes (Fused/Contig	uous Lot(s)) / No	Mitigation Required Mitigation Attached	☐ Yes No ☐ Yes No	Affidavit Required Affidavit Attached ☐ Yes ☐ No ☐ Yes ☐ No
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by Yes No	Variance (B.O.A.)	e #:
Was Parcel Legally Created Yes No		Were Property Line	s Represented by Owner Was Property Surveyed	
Inspection Record: STANG				Zoning District (R-/) Lakes Classification (2)
Date of Inspection: 8-7-18	Inspected by:	11		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	ched?	lo they need to be attac	hed.)	
Signature of Inspector:	Condition: No accessor human habitation / s necessary county a pressurized water shall approved connection to maintain setbacks.	nd UDC permits.	No dess	Date of Approval
Hold For Sanitary: 🗆 Hold For TBA: 🔄	Hold For Affida	vit: 🗆 He	old For Fees: 🗌	

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - None
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 18-0281 Issued To:					d To: Jo	o: Jon & Barbara Harknes									
E 20 ROD Location:		1/4	of	SW	1/4	Section	30	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			L	.ot		Blo	ck	Su	bdivisio	on				CSM#	

For: Residential Accessory Structure: [1- Story; Pole Building (48' x 32') = 1,536 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

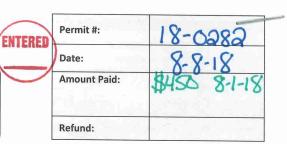
Authorized Issuing Official

August 8, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN JUL 3 1 2018 Bayfield Co. Zoning Dept.



INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTR														
TYPE OF PERMIT	REQUES	STED-			NITARY		CONDITIONA	AL USE SPEC	CIAL	JSE [B.O./	4. \Box	OTHE	R
Owner's Name:				transheim	Mailing	Address:	City	/State/Zip:				Teleph	one:	
Craia T	ann	erd			673	1 Vernon Ave	. F	len coe,	-1	GOS	122			
Address of Property	:	1.	01		City/Sta	ate/Zip:		TEN COCI		ф		Cell Ph		
200 00	/Yla	r+1.~	. Rd		Bar	nes, wi	548	73				773	- 490	-945
Contractor:	_				Contrac	ctor Phone:	Plumber:				_	Plumb	er Phon	e:4616
Authorized Agent:	C	LED	entry		715	-469-965	72 UT	Tech Pl	ง n	a bi	ng .		8 - ±	
Authorized Agent: (Person Si	gning Appli	cation on bella	If of Owner(s))	Agent P	Phone:	Agent Mailing Ac	ldress (include City/	State/2	Zip):	3	Writte	n Autho	rization
												Attach Yes		
PROJECT		I December			Tax ID#	(4-5 digits)			Reco	ded Dee	d (i.e. # a			ter of Deeds)
LOCATION	Lega	Descrip	tion: (Use I	ax Statement)	1	1822			Docu	ment #: 🌶	2015	R	R56	0677
1/4		1/4	Gov't	Lot Lot(s) CSM	Vol & Page	Lot(s) No	Block(s) No.	Sub	division:				1
		_ 1/4		l	89	8 2/10	24							
Section	0	Tourshi	44	N, Range 09		Town of:			Lot 5			Acre	age	
Section _/		TOWNSHIP	77	N, Range	vv	Ba	rnes		1	,13	Sac	. 1	.13	જે
	□le	Droports	/I and withi	n 200 foot of Bir	ou Chuseu	n (incl. Intermittent)	Distance Ct.							
	Cree			of Floodplain?		continue	Distance Stru	icture is from Shoi	-		Is Prop		a	Wetlands
☐ Shoreland —	×Is	Property	/Land withi	n 1000 feet of La			Distance Stru	cture is from Sho			loodplai ∏ ∏			Present?
			,			continue		36		et				≥ No
☐ Non-Shoreland														
							•							
Value at Time														
of Completion * include	4.00	Proje	ct	# of Stori		Use	# of	Cour		t Type				
donated time &	-100			and/or base	ment	Ose	bedrooms			e prop	System			Water
material				S. L.P. L.					OII til	c prop	erty:			
		w Const		☐ 1-Story		□ Seasonal	X1	☐ Municipal/0						☐ City
\$ 150			lteration	☐ 1-Story +		X Year Round		🗶 (New) Sanit						☆ Well
190,000		nversion	xisting bldg)				□ 3	☐ Sanitary (Ex						
/		n a Busi		☐ Basemen				☐ Privy (Pit)				200 ga	lon)	
	_	perty	1033 011	☐ Foundation			□ None	☐ Portable (w,		ce contra	act)			
								□ None	niet					
Existing Structure			ng applied fo	r is relevant to it		Length:		Width:			Hei	W		
Proposed Constr	uction:					Length: 4)	Width: 2	6		Hei	ght: .	27	6"
Duomas ad Ha	¥ - 14 -	1										Tour o	S	quare
Proposed Us	е	•			Pr	oposed Structu	re			Dim	ension	S		otage
÷			Principal	and the same of th	t ctructu									
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X Residential	Use	54		with Loft with a Porcl	inting sha				(26	X 40 X)	10	70
X Residential	Use	X		with Loft with a Porcl with (2 nd) Po	inting sha					26	X 40 X X)	10	70
X Residential	Use	54		with Loft with a Porcl with (2 nd) Po	unting sha h orch					26	X 40 X X X X)	10	70
-		\$ <u>1</u>		with Loft with a Porcl with (2 nd) Po with a Deck with (2 nd) D	inting sha h orch eck	ack, etc.)			(X 4 (CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX))))		
Residential Commercial			Residence	with Loft with a Porcl with a Porcl with a Deck with (2 nd) D with Attach	nting sha h orch eck ed Garag	ack, etc.)			(26	X 40 X X X X X X))))		40
-			Residence	with Loft with a Porcl with a Deck with (2 nd) D with (2 nd) D with Attach se w/ (sanitar	nting sha h orch eck ed Garag	ack, etc.) ge sleeping quarters,		food prep facilitie:	(X 40 X X X X X X X))))		
-			Residence Bunkhous Mobile He	with Loft with a Porcl with (2 nd) Po with a Deck with (2 nd) D with Attach se w/ (manufactors	h orch eck ed Garag	ack, etc.) ge sleeping quarters,			(X 400 X X X X X X X X X X X X X X X X X X X))))		
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☐ Commercial	Use		Bunkhous Mobile H Addition/	with Loft with a Porcl with (2 nd) Powith a Deck with (2 nd) D with Attach se w/ (manufactor Alteration (sp	h orch eck ed Garag ry, or sured date) pecify) pecify)	ge sleeping quarters,			(X 40 X X X X X X X X X))))		
☐ Commercial	Use		Bunkhous Mobile H Addition/	with Loft with a Porcl with (2 nd) Powith a Deck with (2 nd) D with Attach se w/ (manufactor Alteration (sp	h orch eck ed Garag ry, or sured date) pecify) pecify)	ge sleeping quarters,			(X 400 X X X X X X X X X X))))		
☐ Commercial	Use		Bunkhous Mobile H Addition/ Accessory	with Loft with a Porcl with (2 nd) Powith a Deck with (2 nd) D with Attach se w/ (manufactor Alteration (sp. Building (sp. Building Addi	h orch eck ed Garag ry, or sured date) pecify) pecify)	ge sleeping quarters,			(X 40 X X X X X X X X X X))))		
☐ Commercial	Use		Bunkhous Mobile H Addition/ Accessory Special Us	with Loft with a Porcl with (2 nd) Powith a Deck with (2 nd) D with Attach se w/ (Grant sanitar ome (manufactor Alteration (sp Building (sp Building Addi	h orch eck ed Garag ry, or s ured date) pecify) _ pecify) _ ition/Alto	ge sleeping quarters,			(X 40 X X X X X X X X X X))))		
☐ Commercial	Use		Bunkhous Mobile H Addition/ Accessory Special Us	with Loft with a Porcl with (2 nd) Po with a Deck with (2 nd) D with Attach se w/ (sanitar ome (manufactor / Alteration (sp / Building Addi se: (explain) al Use: (explain	h orch eck ed Garag ry, or s ured date) pecify) _ pecify) _ ition/Alto	ge sleeping quarters,			(X 400 X X X X X X X X X X X X X X X X X X X))))		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Payfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. = Nathate MSNossher

s listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date_

Address to send permit Yoders Carpentry 12064N Lower Tw. Copy of Tax Statement

LK. Rd. Hayward, Iveregently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(7)Show any (*): (*) Wetlands; or (*) Slopes over 20% nee attached page Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) Description Measurement Description Measurement Setback from the Centerline of Platted Road 320 326 Feet Setback from the Lake (ordinary high-water mark) 230 Feet Setback from the Established Right-of-Way Setback from the River, Stream, Creek 325 Feet Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line 165 Feet Setback from the South Lot Line 53 Feet Setback from Wetland Feet Setback from the West Lot Line Feet 20% Slope Area on property 230 No Setback from the East Lot Line Elevation of Floodplain Feet 325 Feet Setback to Septic Tank or Holding Tank 50 Feet Setback to Well Feet Setback to Drain Field 15 Feet Setback to Privy (Portable, Composting) Feet other previously surveyed corner or marked by a licensed surveyor at the owner's expense Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: Sanitary Date: Issuance Information (County Use Only) Permit Denied (Date): Reason for Denial Permit #: Permit Date: 18-0282 8-8 Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record) No Mitigation Required ☐ Yes -No Affidavit Required Ves MO Is Parcel in Common Ownership ☐ **Yes** (Fused/Contiguous Lot(s)) No Mitigation Attached ☐ Yes Affidavit Attached ✓ No ☐ Yes No Is Structure Non-Conforming ☐ Yes No Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Yes - No Case #: 🗆 Yes 🗗 No Was Parcel Legally Created Yes No Were Property Lines Represented by Owner □ Yes □ No Was Proposed Building Site Delineated ✓ Yes □ No Was Property Surveyed Yes Or □ No Inspection Record: 57/1/ **Zoning District** Lakes Classification (Date of Inspection! Date of Re-Inspection: Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No − (If No they need to be attached.) Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit Signature of Inspector: shall be obtained. Date of Approval: Hold For TBA: Hold For Sanitary: Hold For Affidavit: Hold For Fees:

box below: Draw or Sketch your Property (regardless of what you are applying for)

Proposed Construction

North (N) on Plot Plan

All Existing Structures on your Property

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show Location of:

Show Location of (*):

Show / Indicate:

Show:

Show: Show any (*):

(2)

(3)

(4)

(5)

(6)

TOPOGRAPHIC SURVEY

S 89°23'10" W

OF CSM NO. 88, LOCATED IN GOVERNMENT LOT 4 OF SECTION 10. T. 44 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN TREE REMOVAL LEGEND:

(S 89°08' W, 257.00')

(12-3)

LOT 1

48,750 SQ. FT.± 1.12 ACRES±

> SIDEYARD SETBACK 10' MIN. - 40' TOTAL 149'-6" 255.10'

GREEN TAPE: DEMO ORANGE TAPE: SAVE



BEARINGS ARE BAYFIELD COUNTY GRID

€-3

CENTERLINE

6-3

(E) 12°15'

Ш

12.48'42

>

80-03

33'

STRASSHEIM

ISSUED: 06/27/16

REVISED: 06/18/18

SCALE: SEE PLAN

DRAWN BY: J.R.M.

UPPER EAU CLAIRE LAKE

WATER ELEVATION 5/6/16 1135.5 FT.

SURVEYOR'S CERTIFICATE

I, JASON R. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY: THAT ON THE ORDER OF NATHALIE STRASSHEIM, I HAVE MADE A TOPOGRAPHIC SURVEY AND MAP OF LOT 1 O. CSM NO. 88, LOCATED IN GOVERNMENT LOT 4 OF SECTION 10, T. 44 N., R. 9 W., IN THE TOWN OF BARNES, BAYFELD COUNTY, WISCONST

THAT THIS MAP IS A TRUE REPRESAENTATION OF SAID SURVEY: AND

THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

JASON R. NELSON PLS - 3092

NOTES:

ELEVATIONS ARE NAVD88 (FT.)

S 89°41'42" W

SIDEYARD SETBACK 10' MIN. - 40' TOTAL

CONTOUR INTERVAL EQUALS ONE FOOT

BM-1 - 8" SPIKE SET IN THE EAST FACE OF A 24" RED PINE ELEVATION - 1190.83 FT.

SEE BAYFEILD COUNTY CERTIFIED SURVEY MAP NO. 88, RECORED IN VOLUME 2 OF CSM ON PAGE 101, FOR CORNER TIES

1000

BE REMOVED

THE ORDINARY HIGH WATER LINE (OHWL) OF UPPER EAU CLAIRE LAKE IS APPROXIMATE AND FOR REFERENCE PURPOSES ONLY

THE 75' SETBACK LINE IS APPROXIMATE. CONTACT BAYFIELD COUNTY ZONING (715-373-6138) FOR OHWL AND 75' SETBACK DETERMINATION PRIOR TO PLANNING OR CONSTRUCTION.



(12-0)

257.10

(1-m)

SCALE: 1 INCH = 20 FEET

Ш NATHAL 4 ANNE

DESIGN

HAYWARD, WI. 54843 PHONE: (715) 634-4569

City, Village, State or Federal
May Also Be Required

LAND USE - X
SANITARY - 18-73S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0282 Issued To: Craig Tanner & Nathalie Strassheim														
Location:		1/4	of	-	1/4	Section	10	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot				Lot	1	Blo	ck	Sul	odivisio	n				CSM# 8	88

For: Residential Use: [1- Story; Residence (26' x 40') = 1,040 sq. ft.; Attached Garage (26' x 40') = 1,040 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT

ENTERED



Permit #:	18-0283
Date:	8-8-18
Amount Paid:	7/31/18 \$ 75
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Not

Entered

INSTRUCTIONS: No per Checks are made paya DO NOT START CONST	able to: Ba	yfield Co	ounty Zoning (field Co. Zoning I	Dept.	FILL OU	r in ink	(NO PEN	ICIL)	
TYPE OF PERMIT RE	FOLIEST	FD-	☐ LAND	USE SANITAR	Y 🗆 PRIVY 🗆	CONDITIONA	L USE SPECIAL	LISE	□ B.O.A	ПО	THER
Owner's Name:	Ora	Ph	1		ing Address:		/State/Zip:	USE		Telephone	
Address of Property:	Bire	ih o	LK, A		State/Zip: XVVVV . U	di a	54873			Cell Phone	=: 204-79:
Contractor:	/	1.	1. 6.	0.000.000		lumber:				Plumber F	Phone:
Authorized Agent: (Po	er on Signi	ing Applic	ation on behalf			5733 gent Mailing Ad	Idress (include City/State	/Zip):	- 1	Written A Attached	uthorization
										□ Yes □	
PROJECT LOCATION	Legal [Descript		ax Statement)	1.72	9		201	1219		wing Ownership)
1/4,	1,	/4	Gov't Lot	Lot(s) CSM	1/267	Doc # Lot(s) No. Block(s) No.	Subdiv		T	
Section 9	_ , Town	iship	44 N, R	ange <u>9</u> W	Barnes	1126		Lot Size	e	Acreag	1.8
☐ Shoreland →				n 300 feet of River, Stre of Floodplain?	eam (incl. Intermittent) yescontinue —	Distance Stru	icture is from Shorelin		Is Prope Floodplaii		Are Wetlands Present?
in Shoreland	☐ Is Pi	roperty	/Land withir	1000 feet of Lake, Pool If y	nd or Flowage /escontinue —>	Distance Stru	icture is from Shorelin	e : feet	□ Y		□ Yes ⊌No
☐ Non-Shoreland											
Value at Time		"T+									
of Completion						# of bedrooms	WH	at Type	e of		Type of
* include		Proje	ct	# of Stories	Foundation	in			System		Water
donated time & material						structure	Is on t	he prop	perty?		property
muceria	□ New	/ Const	ruction	2 ∕1-Story	☐ Basement	□ 1	☐ Municipal/City				☐ City
	₽ Add	ition/A	lteration	☐ 1-Story + Loft	☐ Foundation	□ 2	☐ (New) Sanitary	Specify	/ Type:		_ \noting Well
\$ 1500,00	☐ Con	version	1	☐ 2-Story	1 5/2/2	□ 3	Sanitary (Exists)) Specify	y Type: _		
	☐ Relo	cate (e	xisting bldg)				☐ Privy (Pit) or			200 gallo	n)
			ness on		Use	None	☐ Portable (w/ser		ract)		
	Prop	erty			Year Round		☐ Compost Toilet				
							None				
Existing Structure	e: (if per	mit beir	ng applied fo	r is relevant to it)	Length:		Width:		Hei	ght:	
Proposed Constru	uction:			تنابخ ترجز بالذ	Length:		Width:		Hei	ght:	
	MA N								11, 11		Square
Proposed Use	e	1			Proposed Structu	re		Dir	mension	S	Footage
			Principal	Structure (first struc	cture on property)			(Х)	
			Residence	e (i.e. cabin, hunting	shack, etc.)			(Х)	
d				with Loft				(Х)	
Residential U	Use			with a Porch				(Х)	
	-	,		with (2 nd) Porch				(X)	
	-			with a Deck with (2 nd) Deck				1	X)	
☐ Commercial	Use			WILLI (Z) DECK	40			_1		. 1	
				with Attached Ga	rage			(Х)	
-	+		Runkham	with Attached Ga		or Depoline	2 food prop facilities	()	
*			70.00	se w/ (☐ sanitary, or	sleeping quarters,	or □ cooking 8	& food prep facilities)	(Х)	-
			Mobile H	se w/ (\square sanitary, <u>or</u> ome (manufactured di	☐ sleeping quarters,		& food prep facilities)	(X)	196
☐ Municipal U	se		Mobile H Addition	se w/ (□ sanitary, <u>or</u> ome (manufactured da /Alteration (specify)	sleeping quarters, ate)		& food prep facilities)	(() / 2	X X)	196
☐ Municipal U	se		Mobile H Addition	se w/ (\square sanitary, <u>or</u> ome (manufactured di	sleeping quarters, ate) To Garage	2	& food prep facilities)	((/ 2	X))))))))))))))))))))	196
☐ Municipal U	se	□ ¥	Mobile H Addition, Accessore Accessore	se w/ (☐ sanitary, or ome (manufactured da /Alteration (specify) y Building (specify) y Building Addition/	sleeping quarters, ate) To Garage Alteration (specify)			(/ / 2	x x x x)	196
☐ Municipal U	se	Y	Mobile H Addition, Accessore Accessore Special U	se w/ (☐ sanitary, or ome (manufactured da /Alteration (specify) y Building (specify) y Building Addition/ se: (explain)	sleeping quarters, ate) To Garage Alteration (specify)			(/ / / / / / () () () () ()	X X X X)	196
☐ Municipal U	se		Mobile H Addition, Accessore Accessore Special U Condition	se w/ (☐ sanitary, or ome (manufactured da /Alteration (specify) y Building (specify) y Building Addition/	sleeping quarters, ate) To Garage Alteration (specify)				X X X X X)	196
I (we) declare that this a (are) responsible for the result of Bayfield Count property at any reasons	application (e detail and ty relying or able time for tiple Own the control of th	including accuracy of a this information of the purp	Addition, Accessor Accessor Special U Condition Other: (e FAILURE TO any accompanying of all information rmation I (we) are ose of inspection	ome (manufactured day Alteration (specify) y Building (specify) y Building Addition/ se: (explain)	sleeping quarters, ate) To Garage Alteration (specify) Alteration (specify) Fallow (specify) Fallow (specify) Fallow (specify) Fallow (specify) Fallow (specify)	WITHOUT A PERM est of my (our) know Bayfield County in d to county officials ch	IT WILL RESULT IN PENALT ledge and belief it is true, corre termining whether to issue a p arged with administering count	(((((((((((((((((((X X X X X X X X X T X X X X X X X X X X)))) acknowledge cept liability cess to the a	which may be a bove described

Show Location of:
2) Show / Indicate:

Proposed Construction

(2) Show / Indicate:(3) Show Location of (*):

North (N) on Plot Plan

(4) Show:

(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(5) Show:

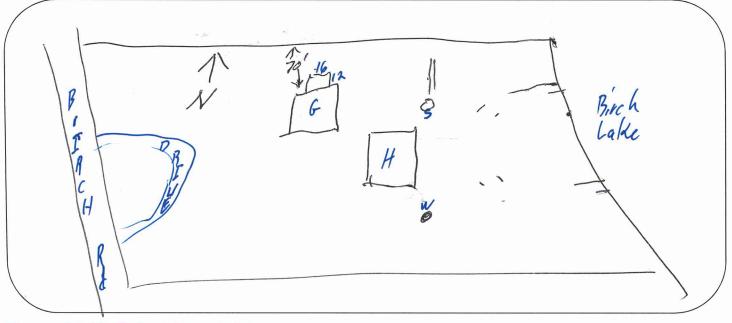
All Existing Structures on your Property

(6) Show any (*):

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

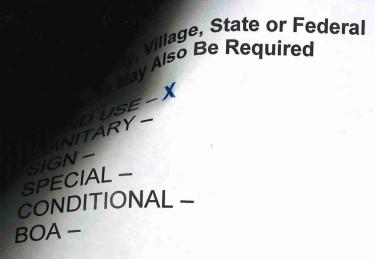
Description	Measurem	ent		Description	Measurement		
Setback from the Centerline of Platted Road		F4		Cathard from the Labe (and in on high control of the	200		
	0.020 /	Feet		Setback from the Lake (ordinary high-water mark)		Feet	
Setback from the Established Right-of-Way	200 t	Feet		Setback from the River, Stream, Creek	700	Feet	
				Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line	55	Feet					
Setback from the South Lot Line	200	Feet		Setback from Wetland		Feet	
Setback from the West Lot Line	200	Feet		20% Slope Area on the property	XYes	□ No	
Setback from the East Lot Line	200	Feet		Elevation of Floodplain	-	Feet	
Setback to Septic Tank or Holding Tank	90	Feet		Setback to Well	100 +	Feet	
Setback to Drain Field	75	Feet			-		
Setback to Privy (Portable, Composting)		Feet					
Prior to the placement or construction of a structure within ten (10) fe	et of the minimum require	ed setback,	the bo	oundary line from which the setback must be measured must be visible from or	e previously survey	ed corner to the	

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit#: 18-0283	Permit Date: 8-8	-18				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes (Deed of Record □ Yes (Fused/Contigu	ous Lot(s)) 🖒 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached		
Granted by Variance (B.O.A.) ☐ Yes		Previously Granted by 'Yes - No	/ Variance (B.O.A.)	· #:		
		Were Property Lines Represented by Owner Was Property Surveyed Yes Yes				
Inspection Record: 5 Taked For mod		2		Zoning District (A-1) Lakes Classification (2)		
Date of Inspection: 6-7-14	Inspected by			Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attac	thed? 🗆 Yes 🗆 No – (If	No they need to be atta	ched.)			
Signature of Inspector:	practices she erosion or	Construction site best all be implemented to sedimentation onto r wetlands. Necessar ined.	prevent any neighboring	Date of Approval: 8/8/18		
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗌	Hold For Fees:			



BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0283 Issued To: Sandra Anderson No. Location: -1/4 of -Section Township 44 N. Range 9 W. Town of Barnes **BEING A PAR IN LOT 3** Gov't Lot Lot 1 & 2 Block Subdivision CSM#

For: Residential Accessory Structure Addition: [1- Story; Garage Addition (12' x 16') = 196 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN ENTERED

Detection Received 15

JUL 3 1 2018

Permit #:	18-0886
Date:	8-8-18
Amount Paid:	\$400 8-1-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dep

O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICAN

FILL OUT IN INK (NO PENCIL)

TO NOT START CORS									
TYPE OF PERMIT R Owner's Name:	REQUESTE	D→ □ LANI	D USE SANITA	RY PRIVY I					OTHER
Owner's Name:	AA.	06			4	/State/Zip:	5530G	Telephon	e:
THIL	10 14	ACTI		ol7 Keller	L4K& DR	JURNSVILL	JE / VIV	012-	ARD-100
Address of Property:	6	1 =		//State/Zip:	21	and a		Cell Phon	
0110 CA	KLU	WIND !		ARNES,	WI C	22		612	-761-03
Contractor:	7		Con	ntractor Phone:	Plumber:			Plumber	Phone:
Authorized Agent: (F		g Application on behal	If of Owner(s)) Age	ent Phone:	Δgent Mailing Δα	Idress (include City/State	/7in\•	Written /	Authorization
, received a Berrer (r	erserr eiginii	S ripplication on behan	not owner(s))	ine riione.	Agent Maning At	idiess (include city/state	, 219).	Attached	
			Tay	ID# /2.2	2		Descrided Desc	☐ Yes	☐ No Dwing Ownership)
PROJECT LOCATION	Legal De	escription: (Use T				0200010000	2003 A		(C4783
		Gov't Lot	Lot(s) CSM	1 - 100 1	01000	5) No. Block(s) No.	Subdivision:		01.07
5 1/2.	1/4	1 300 (150	Lot(s) CSIVI		// DOC# LOT	S) NO. BIOCK(S) NO.	Subdivision:		
2		111		867/846 Town of:			Lot Size	Acrea	70
Section	, Towns	hip <u>79</u> N, R	lange W	BAR	NES		Lot Size	Acreas	6
					, , , , ,				
		operty/Land within or Landward side o	n 300 feet of River, St		Distance Stru	icture is from Shoreling	is Pro	perty in	Are Wetlands
Shoreland -				f yescontinue —				ain Zone?	Present?
	□ Is Pro	perty/Land within	n 1000 feet of Lake, P	ond or Flowage yescontinue	Distance Stru	cture is from Shoreling	.	Yes No	☐ Yes ∀ No
C Non-Chambrad			<u>-</u>	yes continue			eet 7	(100	XIVO
☐ Non-Shoreland									
Value at Time			M.E. P. Tree		# of	THE PERSON NAMED IN COLUMN		و جاريدا	
of Completion			Education in		bedrooms		at Type of		Type of
* include donated time &		Project	# of Stories	Foundation	in		anitary System	m	Water
material					structure	Is on t	he property?		property
	New	Construction	X 1-Story	☐ Basement	□ 1	Municipal/City			City
1 5m	☐ Addit	ion/Alteration	☐ 1-Story + Loft	☐ Foundation	□ 2	(New) Sanitary	Specify Type:		
3/100	☐ Conve	ersion	☐ 2-Story	* footings	□ 3	Sanitary (Exists	Specify Type:		_
		ate (existing bldg)		,		Privy (Pit) or	☐ Vaulted (mi	n 200 gallo	on)
.2		Business on		Use	✓ None	Portable (w/serv			
-	Prope	erty		Year Round		Compost Toilet			
	Ш				1	None			
						1,5.10			
Existing Structure		nit being applied fo	or is relevant to it)	Length:		Width:		eight:	
Proposed Constru		nit being applied fo	or is relevant to it)	Length:			a .	eight: eight:	101
Proposed Constru	uction:	nit being applied fo	or is relevant to it)			Width:	a .		
	uction:	nit being applied fo	or is relevant to it)		re	Width:	a .	eight:	Square
Proposed Constru	uction:	1	or is relevant to it) Structure (first stru	Length: Proposed Structu	re	Width:	He	eight:	
Proposed Constru	uction:	✓ Principal		Proposed Structu	re	Width:	Dimensio	eight:	Square
Proposed Us	e	✓ Principal	Structure (first stru	Proposed Structu	re	Width:	Dimensio (X	eight:	Square
Proposed Constru	e	✓ Principal	Structure (first strue e (i.e. cabin, hunting with Loft with a Porch	Proposed Structu	re	Width:	Dimensio (X (X	eight:	Square
Proposed Us	e	✓ Principal	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2 nd) Porch	Proposed Structu	re	Width:	Dimensio (X (X (X (X (X	eight:	Square
Proposed Us	e	✓ Principal	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2 nd) Porch with a Deck	Proposed Structu	re	Width:	Dimensio (X (X (X (X (X (X (X	eight:	Square
Proposed Use	e Use	✓ Principal	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck	Proposed Structu ucture on property) g shack, etc.)	re	Width:	Dimensio	eight:	Square
Proposed Us	e Use	Principal Residence	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached G	Proposed Structu ucture on property) g shack, etc.)		Width:	Dimension	eight:	Square
Proposed Use	e Use	Principal Residenc Bunkhou	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached G	Proposed Structu ucture on property) g shack, etc.) arage sleeping quarters,	or □ cooking 8	Width: Width:	Dimension	eight:	Square
Proposed Use	e Use	Principal Residenc Bunkhou Mobile H	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Gose w/ (□ sanitary, or ome (manufactured or cabin)	Proposed Structu ucture on property) g shack, etc.) arage sleeping quarters, date)	or □ cooking 8	Width: Width:	Dimension	eight:	Square
Proposed Constru	uction:	Principal Residenc Bunkhou Mobile H Addition,	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Gose w/ (sanitary, or ome (manufactured of Alteration (specify	Proposed Structu ucture on property) g shack, etc.) arage sleeping quarters, date)	or □ cooking &	Width: Width:	Dimension	eight:	Square
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Proposed Construction North (N) on Plot Plan

ocation of (*):

Show:

Show any (*):

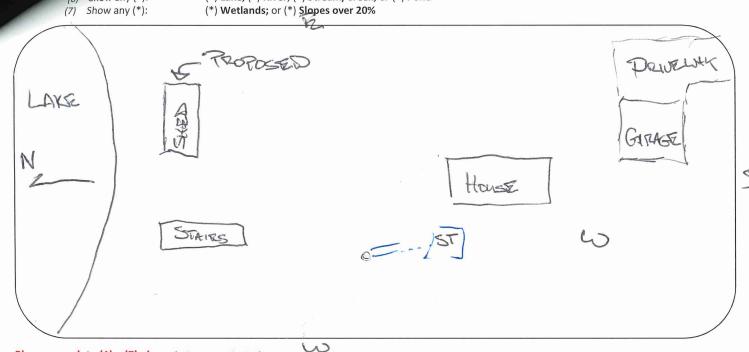
(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

marked by a licensed surveyor at the owner's expense.

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

	-			
	. 25			
- Feet		Setback from the Lake (ordinary high-water mark)	20	Feet
Feet		Setback from the River, Stream, Creek		Feet
	1	Setback from the Bank or Bluff	0	Feet
C Feet			-	
toot Feet	t Yn	Setback from Wetland	1	Feet
O6 Feet	t	20% Slope Area on the property	Yes MI	No
32 Fee	t	Elevation of Floodplain		Feet
<i>Coo</i> Fee	t	Setback to Well	250	Feet
Fee	t			,
Fee	t	E		
	Feet Feet Feet Feet Feet Feet Feet Feet	Feet Feet Feet Feet Feet Feet Feet Feet	Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet Setback from Wetland O Feet 20% Slope Area on the property Elevation of Floodplain Feet Setback to Well Feet Feet	Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet Setback from Wetland

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 18-0286	Permit 8-8-18			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes □ Yes □ Yes □ Yes □ Yes	ious Lot(s)) 🗍 No	Mitigation Required Mitigation Attached		Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No
Granted by Variance (B.O.A.) ☐ Yes → No Case #:		Previously Granted by Yes No	/ Variance (B.O.A.)	#:-
		Were Property Lines Represented by Owner Was Property Surveyed ☐ Yes		
Driveway ejosien		1		Zoning District (P-3) Lakes Classification (2)
Date of Inspection: 8-7-18 Condition(s): Town, Committee or Board Conditions Atta	Inspected by:	No they need to be atte	school)	Date of Re-Inspection:
Signature of Inspector:	Condition: Conditions of practices shaperosion or	onstruction site best rall be implemented to sedimentation onto wetlands. Necessary	management 75 prevent any neighboring	lay field County He (3 Chapter Article B oc 13-1-22(a)(b) b
Hold For Sanitary: Hold For TBA:	Hold For Aff	fidavit: 🗆	Hold For Fees:	

√illage, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0	286			Issued	d To: Ph	nilip 8	Roxanne N	/larti						
Par in S 1/2 Location:		1/4	of	-	1/4	Section	2	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			I	_ot	<u> </u>	Blo	ock	Sul	odivisio	on				CSM#	

For: Residential Accessory Structure: [1- Story; Boathouse (12' x 8') = 96 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. As regulated in Bayfield County Title 13 Ch 1 Article B Sec 13-1-22(a)(6)6

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

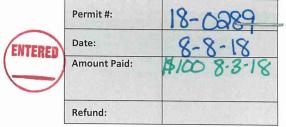
SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

TVDE OF BERLEIT	STRUCTION UNT	IL ALL PERMITS	HAVE BEEN ISSUED TO AP	PLICANT.	160 \$ 16	SE FILL OL	IT IN INK (<mark>NO PI</mark>	ENCIL)				
Owner's Name:	REQUESTED-	► X LAN	D USE SANITAR		CONDITIONA		USE B.O.	A. 🗆 01	THER			
Owner's Ivallie.	E AC-	L	Mail Life	ling Address:		/State/Zip:	ccma	Telephone	0-2076			
Address of Property		MANINT	City	8 County /	Ka a	irenshaj (una	177 (50)	Cell Phone:	:			
1145C:	ele Rd		13	armes WI	548	73		Sans	9			
Contractor:		,	Cont	tractor Phone: F	Plumber:			Plumber Ph				
Authorized Agent:	(Person Signing Ap	plication on beha			Agent Mailing Ac	ddress (include City/State	e/Zip):	Written Au	thorization			
NONE	Cself	')	CZIS	nt Phone: 3/590-2076			Attached Yes No					
PROJECT LOCATION	Legal Description: (Use Tax Statement) Recorded Document: (Showing Ownership) 344-10591 -345 /20-3											
		Gov't Lot	Lot(s) CSM	Vol & Page CSIV	1 Doc# Lot(s) No. Block(s) No.	Subdivision:	11 " AV 8.	1 10/20-71-0			
	1/4	T=-	9	V.1122		7						
Section 519	, Township	745 N, F	Range 469 W	Town of:			Lot Size 100 X 795	Acreage 2.2				
	Is Prope	ty/Land withi	n 300 feet of River, Str		Distance Stru	acture is from Shorelin	e: Is Prov	perty in	Are Wetlands			
Shoreland —				yescontinue>			feet Floodpla	in Zone?	Present?			
	□ is Proper	ty/Land withi	n 1000 feet of Lake, Po If y	yescontinue —	Distance Stru	ucture is from Shorelin		Yes No	□ Yes ▼ No			
☐ Non-Shoreland												
Value at Time			Programme Control		Le Linus e			16 - 15	71 82-0-110			
of Completion	Dro	ject	# of Charles		# of bedrooms		nat Type of		Type of Water			
* include donated time &	Pro	ject	# of Stories	Foundation	in		Sanitary Syster the property?	n	on			
material	New Con	struction	1-Story	Basement	structure				property			
ė		/Alteration	1-Story + Loft	Foundation	2	Municipal/City(New) Sanitary	Specify Type:		☐ City _ ※ Well			
3,000	Conversi		2-Story	Y Post	3	X Sanitary (Exists	Specify Type:					
,		(existing bldg) siness on	× 590)5	Use	None	Privy (Pit) or Portable (w/ser		200 gallon)				
	Property			X Year Round	World	Compost Toilet			-			
						None						
		eing applied fo	Existing Structure: (if paymit being applied for it value at the it)									
Proposed Construction: Length: Width: Width: Height: Height:												
	uction:				26				2			
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	ie 🗸	Principal	Structure (first struc	Length: Proposed Structure on property)	re		Dimension (X	ight:	Square Footage			
	e 🗸	Principal	Structure (first struce) (first struce) (fi.e. cabin, hunting	Length: Proposed Structure on property)	re		Dimension (X (X	ight:	100			
	se 🗸	Principal	Structure (first struc	Length: Proposed Structure on property)	e		Dimension (X	ight:	100			
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Proposed Us Residential	Use Use	Principal Residence Bunkhous Mobile He	Structure (first struction of the content of the co	Proposed Structure cture on property) shack, etc.) rage sleeping quarters, gate)	or □ cooking &	Width:	He Dimension	ight:	100			
Proposed Us Residential	Use Use	Principal Residence Bunkhous Mobile H Addition/	Structure (first struction of the continuous of	Proposed Structure cture on property) shack, etc.) rage □ sleeping quarters, gate)	or □ cooking &	Width:	He Dimension (ight:	100			
Proposed Us Residential	Use Use	Principal Residence Bunkhous Mobile H Addition/	Structure (first struction of the content of the co	Proposed Structure cture on property) shack, etc.) rage □ sleeping quarters, gate)	or □ cooking &	Width:	He Dimension	ight:	100			
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Show Location of:

Proposed Construction Show / Indicate:

(2) Show Location of (*): (3)

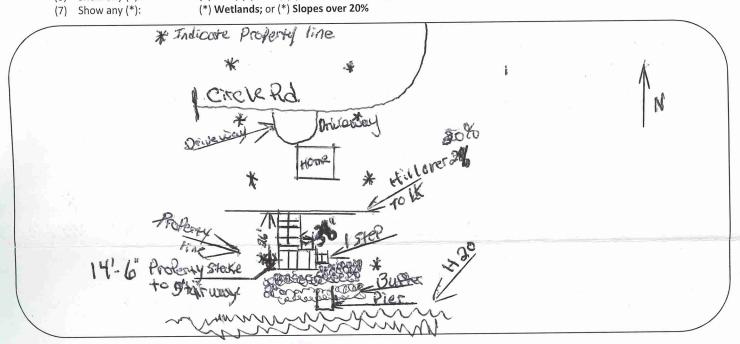
North (N) on Plot Plan

Show: (4)

(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property

(5) Show: $(*) \ \textbf{Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) \ \textbf{Holding Tank (HT)} \ and/or \ (*) \ \textbf{Privy (P)}$

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (6)



Please complete (1) - (7) above (prior to continuing)

narked by a licensed surveyor at the owner's expense

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
				Feet
Setback from the Centerline of Platted Road	Feet		Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	Feet		Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet	- Tim	16.	
Setback from the South Lot Line	14 - 6 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	Feet		20% Slope Area on the property	¥Yes □ No
Setback from the East Lot Line	Feet		Elevation of Floodplain	Feet
			ř _a	
Setback to Septic Tank or Holding Tank	Feet		Setback to Well	Feet
Setback to Drain Field	Feet			
Setback to Privy (Portable, Composting)	Feet			. I would conside the
other previously surveyed corner or marked by a licensed surveyor at the	e owner's expense.	om th	oundary line from which the setback must be measured must be visible from on the minimum required setback, the boundary line from which the setback must be to a corrected compass from a known corner within 500 feet of the proposed situ	measured must be visible from

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County	Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 18-0289		Permit Date: 8-8	-18		
Is Parcel in Common Ownership	Yes (Deed of Record Yes (Fused/Contigu Yes	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached Yes No
Granted by Variance (B.O.A.) Yes No Case:	#:		Previously Granted by Yes • No	y Variance (B.O.A.) Case	e #:
Was Parcel Legally Create Was Proposed Building Site Delineate			Were Property Lines Represented by Owner Was Property Surveyed Yes Yes		
Inspection Record: STANCE - 9	enol H20 In	te			Zoning District (R-/) Lakes Classification (2)
Date of Inspection: 8-7-18		Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Boa	ard Conditions Atta	Condit practic erosion proper	f No they need to be atta- ion: Construction site es shall be implemen n or sedimentation ties or wetlands. Nec e obtained.	e best management ited to prevent any onto neighboring	Date of Approval:
Hold For Sanitary: H	old For TBA: 🔲 _	Hold For Af	fidavit: 🗆	Hold For Fees:	

City, Village, State or Federal

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

James & Laurie Nordrum 18-0289 Issued To: No. Barnes W. Town of 45 Range Township N. 19 Location: Section $\frac{1}{4}$ of E 100' of W 725' of CSM# Subdivision 9 Block Lot Gov't Lot

For: Residential Other: [Stairs to the Lake (6' x 7') (20' x 48') = 1,008 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Owner(s): Sharen maynell

Authorized Agent: _

Address to send permit

(If there are Multiple Owners listed on the Deed All Owners m

(livyou'are signing on behalf of

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #: Date: ENTERED Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

Bayfield Co. Zoning Depi

TYPE OF PERMIT REQUE						X 1,000 FILL OL	T IN INK (NO PE	,		
	STED →	□ LAN	D USE SAN		□ CONDITION	IAL USE SPECIAL	USE 🗆 B.O	A. 🗆 01	THER	
Owner's Name:		0.0		Mailing Address:	Telephone:					
- Whouse	mosi	Board	000							
Address of Property:		-11000		City/State/Zip:			Cell Phone	:		
2040 P.in	~ C	his 4	0.				1	318-3	391-300	
Contractor:		7		Contractor Phone:		Plumber Pl				
Sell			=							
Authorized Agent: (Person S	gning Appli	cation on beha	f of Owner(s))	Agent Phone: Agent Mailing Address (include City/State/Zip): Written A					ıthorization	
								□ Yes □		
PROJECT LOCATION Legi	al Descrip	tion: (Use T	ax Statement)	Tax ID# 40	23		Recorded Docu	ecorded Document: (Showing Ownership)		
		Gov't Lot	Lot(s) C	CSM Vol & Page		t(s) No. Block(s) No.	Subdivision:			
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La	Property	/Land Withii	n 1000 feet of Lak	If yescontinue —	200.000.000.000.000.000.000	ructure is from Shorelin	re:	No		
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Date 7/34/3018 Date 7/24/88 ign or letter(s) of authorization must accompany this application)

Copy of Tax Statement

Cross

er of authorization must accompany this application)

Show Location of:

| Show | Indicate:
| Show Location of (*):

(4)

Show:

Proposed Construction North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

Nalls

Nay 2

Please complete (1) - (7) above (prior to continuing) Bath Nava

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point) Description Measurement Description Measurement Setback from the Centerline of Platted Road Setback from the Lake (ordinary high-water mark) Feet 80 Feet Setback from the Established Right-of-Way Setback from the River, Stream, Creek Feet Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line Feet Feet Setback from the South Lot Line Feet Setback from Wetland Setback from the West Lot Line 100 ☐ Yes ΧNο 20% Slope Area on the property Feet 100 Setback from the East Lot Line Feet Elevation of Floodplain Feet Setback to Septic Tank or Holding Tank Feet Setback to Well 3 Feet Setback to Drain Field 70 Feet Setback to Privy (Portable, Composting) Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

	wii, viiiuge, eity, state or i									
Issuance Information (County Use Only)	Sanitary Number:	-565	# of bedrooms: 2	Sanitary Date: 5/30/07						
Permit Denied (Date):	Reason for Denial:									
Permit #: 18-0390	Permit Date: 8-8-18									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contigu	ious Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☑ No ☐ Yes ☑ No	Affidavit Required Affidavit Attached ☐ Yes						
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:								
		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ No						
Inspection Record: STANEI)		Zoning District (R-1) Lakes Classification (V/4)								
Date of Inspection: 7/3/16	Inspected by:	Date of Re-Inspection:								
Condition(s): Town, Committee or Board Conditions Atta	ched? ☐ Yes ☐ No – (If	No they need to be atta	iched.)							
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks. Date of Approval:										
Hold For Sanitary:	Hold For Affic	davit: 🔲	Hold For Fees:							

City, Village, State or Federal
May Also Be Required

AND USE - X SANITARY - 07-56S (5/30/2007)

SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0290			Issued To: Shawn McMullen & Kim Foss												
Location:		1/4	of	-	1/4	Section	8	Township	45	N.	Range	9	W.	Town of	Barnes	
Gov't Lot			L	_ot	1-3	Blo	ock	Sul	bdivisio	n R	unning	Bea	rs Ad	d to Pota	watomi	CSM#

For: Residential Addition / Alteration: [1- Story; Bedroom/Living Room (16' x 36') = 576 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018